USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL Proposal # 16-1495

Operator Project #	Postmark		Date Received			Notification #			
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – Postponed									
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):									
OWNER NAME: John Psaras Realty									
Address: 7916 5 th Avenue									
City: Brooklyn				State: NY Zip: 11209					
Contact Name: John Psaras				Telephone: 718-921-2				' 5	
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services									
Address: 11-02 Queens Plaza South									
City: Long Island City				State: NY Zip: 11101					
Contact Name: Aric Domozick				Telephone: 718-349-0900					
OTHER CONTRACTOR:									
Address:									
City:				State: Zip:					
Contact Name: Telephone:									
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R									
IS ASBESTOS PRESENT? (YES NO) YES									
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)									
Building Name: Chase Bank									
Address: 9313 3 rd Avenue									
City: Brooklyn				State: NY	(Zip: 11209			
Site Location: Roof									
Building Size: 3,360 SF				# of Floors: 1			Age in Years: 59		
Present Use: Commercial				Prior Use: Commercial					
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy									
Approximate amount of asbes	R. ACM		Non-Friable Asbestos Material		Indicate Unit of Measurement Below				
Including									
 Regulated ACM to be rem 	Regulated ACM to be removed removed			not to be	e removed				
2. Category I ACM not removed									
3. Category II ACM not remo	oved								
				CAT I	CAT II		l	UNIT	
Linear Footage:	near Footage:					Linear Feet:		Ln M:	
Surface Area: Roof Membrane & Tar	, Flashing	2,660				Square Fe	eet: X	Square Meter:	
Volume RACM off Facility Com	ponent					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd./yy)				art: Postp	oned	Complete: 09/01/2017			
Scheduled Dates Demo/Renovation (mm/dd./yy)				art:		Complete:			

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED: DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control. WASTE TRANSPORTER #1 Name: Tri State Transfer Associates Address: 1199 Randall Avenue City: Long Island City State: NY Zip: 10474 Contact Name: Jimmy Byrne Telephone: 718-617-0771 WASTE TRANSPORTER #2 Name: ATC Address: 2 Moriches Middle Island Road City: Shirley State: NY Contact Name: Kenny Smith Telephone: 631-924-5050 **WASTE TRANSPORTER #3** Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services Location: 11-02 Queens Plaza South City: Long Island City City: Long Island City City: Long Island City Telephone: 718-349-0900 Disposal Facility Name: Minerva Enterprises Location: 9000 Minerva Road, SE Location: 9000 Minerva Road, SE City: Waynesburg State: OH Zip: 44688 FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (mm/dd./yy) Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON VILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation) 09/23/2016 Signature of Owner/Operator

I certify that the above information is correct Date 09/23/2016 Signature of Owner/Operator Date

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